

Request for Surrogate Parent and Verification

Section A: Student Information

*Does the student have a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Child Placing Agency (Obtain via Foster Parent)		*Agency Contact		*Agency Phone Number
Student's Name	ID #	*DOB	<input type="checkbox"/> M <input type="checkbox"/> F Gender	Disability
Campus	Enrollment Date	Residence (RF, Foster Care, other)		Residence Contact
Residence Address, City, Zip Code				Residence Phone Number

Section B: FORM 2085: DFPS Placement Authorization

Is FORM 2085 attached? ☐ Yes ☐ No, request a copy from the caregiver and fax to (713) 556-7589.

Reason for Request:

Request Form Completed By:

_____ Name	_____ Title	_____ Contact Number	_____ Date
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DATE REQUEST RECEIVED:

- The student resides in a: ☐ foster home, ☐ group home, ☐ residential-care, ☐ shelter, ☐ other:
- Is the student a ward of the State? ☐ Yes. ☐ No.
- Does the individual representing the student qualify as "parent" in accordance with [34 CFR 300.30](#)? ☐ Yes. ☐ No.
Explain:
- Does the student have a foster parent? ☐ Yes, proceed to 4a: ☐ No, proceed to 5.
In accordance with [TEC 29.015\(b\)](#):
 - Does the foster parent agree to make educational decisions on the child's behalf? ☐ Yes. ☐ No.
 - Has the child been placed with the foster parent for at least 60 days? ☐ Yes. ☐ No. Date of Placement:
 - Has the foster parent completed the required training program? ☐ Yes. ☐ No. Date of Training:
- Based on the information provided, does a surrogate parent need to be assigned? ☐ Yes. ☐ No.
- Additional Information:

_____ Verified By:	_____ Title	_____ Date
_____ Surrogate Parent Appointed	_____ Contact Number	_____ Date

